

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known) _____

Chapter _____

☐ Check if this an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against a non-individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code Check one:

☐ Chapter 7

☒ Chapter 11

Part 2: Identify the Debtor

2. Debtor's name Vascular Access Centers, L.P.

3. Other names you know the debtor has used in the last 8 years _____

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN) ☐ Unknown
76-0790010
EIN

5. Debtor's address

Principal place of business

2929 Arch Street

Number Street

Suite 1705

Philadelphia PA 19104-0000

City State Zip Code

Philadelphia

County

Mailing address, if different

Number Street

P.O. Box

City State Zip Code

Location of principal assets, if different from principal place of business

Number Street

City State Zip Code

6. Debtor's website (URL) www.vascularaccesscenters.com

7. Type of debtor ☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☒ Partnership (excluding LLP)
☐ Other type of debtor. Specify: _____

8. Type of debtor's business Check one:

Debtor Vascular Access Centers, L.P.

Case number (if known) _____

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the types of business listed.
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☒ No
☐ Yes. Debtor

District	_____	Date filed	_____	Relationship	_____
			MM / DD / YYYY	Case number, if known	_____
Debtor	_____	Date filed	_____	Relationship	_____
District	_____		MM / DD / YYYY	Case number, if known	_____

Part 3: Report About the Case10. Venue *Check one:*

- ☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are in the subject of a bona fide dispute as to liability or amount.
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

13. Each petitioner's claim

Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
Philadelphia Vascular Institute, LLC	secured loans (claim amount is principal only; unsecured portion of claim will be based upon collateral value, which is less than full claim)	\$1202120
		\$
		\$
Metter & Company	accounting services	\$11911.25
		\$
		\$
Crestwood Associates, LLC	vendor	\$6090
		\$
		\$
Total of petitioners' claims		\$1220121.25

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at top of each sheet. Following the format of this form,

Involuntary Petition Against a Non-Individual

Debtor Vascular Access Centers, L.P.

Case number (if known) _____


set out the information required in Parts 3 and 4 of the form for each statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4 Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative	Attorneys
Name and mailing address of petitioner Philadelphia Vascular Institute, LLC Name 585 County Line Road Number Street Radnor PA 19087-0000 City State Zip Code Name and mailing address of petitioner's representative, if any Name Number Street City State Zip Code I declare under penalty of perjury that the foregoing is true and correct. Executed on November 12, 2019 MM/DD/YYYY /s/ James F. McGuckin Signature of petitioner or representative, including representative's title	David Smith, Esquire Printed name Smith Kane Holman, LLC Firm name, if any 112 Moores Road Suite 300 Number Street Malvern PA 19355-0000 City State Zip Code Contact phone 610-407-7215 Email dsmith@skhlaw.com Bar number 59098 State PA  /s/ David Smith, Esquire Signature of attorney Date signed November 12, 2019 MM/DD/YYYY

Petitioners or Petitioners' Representative	Attorneys
Name and mailing address of petitioner Metter & Company Name 831 DeKalb Pike Number Street Blue Bell PA 19422-0000 City State Zip Code Name and mailing address of petitioner's representative, if any Name	David Smith, Esquire Printed name Smith Kane Holman, LLC Firm name, if any 112 Moores Road Suite 300 Number Street Malvern PA 19355-0000 City State Zip Code Contact phone 610-407-7215 Email dsmith@skhlaw.com Bar number 59098 State PA

Debtor Vascular Access Centers, L.P.

Case number (if known) _____

Number _____ Street _____

City _____ State _____ Zip Code _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 12,

2019

MM / DD / YYYY

/s/ Stan A. Metter, Owner

Signature of petitioner or representative, including representative's title

/s/ David Smith, Esquire

Signature of attorney

Date signed November 12, 2019

MM / DD / YYYY

David Smith

Petitioner or Petitioner's Representative

Attorney

Name and mailing address of petitioner

Crestwood Associates, LLC

Name

240 East Lincoln Street

Number _____ Street _____

Mount Prospect IL 60056-0000

City _____ State _____ Zip Code _____

Name and mailing address of petitioner's representative, if any

Name

Number _____ Street _____

City _____ State _____ Zip Code _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 12,

2019

MM / DD / YYYY

/s/ Brian McGuckin

Signature of petitioner or representative, including representative's title

David Smith, Esquire

Printed name

Smith Kane Holman, LLC

Firm name, if any

112 Moores Road

Suite 300

Number _____ Street _____

Malvern PA 19355-0000

City _____ State _____ Zip Code _____

Contact phone

610-407-7215

Email

demith@skhlaw.co
m

Bar number 59098

State

PA

/s/ David Smith, Esquire

Signature of attorney

Date signed November 12, 2019

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Name and mailing address of petitioner

Crestwood Associates, LLC

Name

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Number _____ Street _____

Mount Prospect IL 60056-0000

City _____ State _____ Zip Code _____

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2019

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/s/ Brian McGuickin

Signature of petitioner or representative, including representative's title

David Smith, Esquire

Printed name

Smith Kane Holman, LLC

Firm name, if any

112 Moores Road

Suite 300

Number _____ Street _____

Malvern PA 19355-0000

City _____

State _____

Zip Code _____

Contact phone

610-407-7215

Email

dsmith@ekhlaw.co

m

Bar number 69098

State

PA

/s/ David Smith, Esquire

Signature of attorney

Date signed November 12, 2019

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